									م ا	application	or Do	ocket Num	nber
PATENT APPLICATION FEE DETERMINATION RECOP Effective December 29, 1999										09/	6	054	019
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMA TYI		ENTITY	OR	OTHER	
FOR NUMBER FILE						NUMBER	EXTRA	RAT	ſΕ	FEE	1	RATE	FEE
ВА	SIC FEE									345.00	OR		690.00
то	TAL CLAIMS		minus 2			20= *			9=		OR	X\$18=	
IND	EPENDENT CL	_AIMS	minus 3			3 = *			)=		OR	X78=	7
MULTIPLE DEPENDENT CLAIM PRESENT								+130	0=		OR	+260=	1
* If the difference in column 1 is less than zero, enter "0" in column 2									AL		OR	TOTAL	690
CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)							SMA	SMALL ENTITY (			OTHER THAN SMALL ENTITY		
AMENDMENT A		REM AF	AIMS AINING TER IDMENT		,Р	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA	RAT	Έ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*		Minus	**	-	=	X\$ 9	9=		OR	X\$18=	
	Independent	*	N 05 M	Minus	**		=	X39	=		OR	X78=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+130	)=		OR	+260=	
									TAL FEE		OR	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)											•		
AMENDMENT B		REM AF	AIMS AINING FTER IDMENT		Р	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA	RAT	Έ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*		Minus	**		=	X\$ 9	9=		OR	X\$18=	
	Independent	<u> </u>		Minus	**	*	=	X39	=		OR	X78=	-
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								\			+260=	
								+130	TAL		OR	TOTAL	
									FEE		OR	ADDIT. FEE	
			umn 1) AIMS		1	Column 2) HIGHEST	(Column 3)			1 A D D L	1		4001
AMENDMENT C		AF	AINING TER IDMENT			NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•		Minus	••		=	X\$ 9	=		OR	X\$18=	
	Independent	•		Minus	•••		=	X39:	=		OR	X78=	
Ĥ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							100				000	
. ,	f the entry in colu	mn 1 is l	ess than th	ne entry in co	lumn 2	, write "0" in co	lumn 3.	+130			OR	+260=	ļ
** If the entry in column 1 is less than the entry in column 2, write 0 in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20 "  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."													
•	The "Highest Num	ber Pre	viously Pai	d For" (Total	or Inde	ependent) is the	e highest number f	found in th	е ар	propriate box	cin coli	umn 1.	